



TITLEPAC® ADVANTAGE

**APPLICATION FOR TITLE AGENTS, ABSTRACTERS AND ESCROW AGENTS
ERRORS AND OMISSIONS LIABILITY INSURANCE**

**THIS APPLICATION IS FOR A CLAIMS MADE AND REPORTED POLICY.
IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.**

INSTRUCTIONS:

Please type or print clearly in ink. Answer all questions. If the answer to any question is "Not Applicable", please state "N/A". If space is insufficient to answer any question fully, attach a separate sheet. This application must be signed and dated by Applicant's Principal, Partner or President. Older applications may have to be re-signed and re-dated.

GENERAL INFORMATION

- 1. Applicant: _____
- 2. Address: _____ City: _____ St: _____ Zip: _____
- 3. Telephone Number: _____ 4. Fax Number: _____
- 5. E-Mail Address: _____
- 6. Applicant is: Individual Partnership/Joint Venture LLC Corporation Other _____
- 7. Year established: _____ 8. Contact person and title: _____

9. List all Officers and Owners and their titles:

Name	Title	Ownership Percentage

- 10. Total number of employees: _____
- 11. Please list your professional employees and place an "X" under their job description (if "other" please list). Make sure to write in the years of experience. If less than five (5) years experience in any of the below listed professions, please provide details of any experience related to the title industry on a separate sheet.

NAME	SOCIAL SECURITY NUMBER	TITLE AGENT	ABTRACTOR SEARCHER	ESCROW AGENT CLOSER	LAWYER	YRS. EXP.

- 12. Does Applicant have fidelity coverage currently in force? Yes No
- 13. a. Does Applicant have E&O coverage currently in force? Yes No
- b. If yes, send a copy of your current policy declaration page or a certificate of insurance. Make sure we can recognize the expiration date and your retroactive (or prior acts) date.

14. Please indicate your choice by placing an "X" in the box for your desired limits and deductible:

Limits	\$100,000	\$250,000	\$500,000	\$1,000,000	\$2,000,000
Per Claim					
Aggregate					
Preferred Deductible	\$2,500	\$5,000	\$7,500	\$10,000	\$25,000

BUSINESS INFORMATION

15. Your Gross Revenues (Annual):

	Prior fiscal year	Current fiscal year (est.)	Average Number of Monthly Transactions
(If New, estimate income.)	\$	\$	

16. Revenue Categories: (Must total 100%)

Category	Percentage of Total Revenue
Agricultural / Raw Land	
Residential	
Commercial	
Construction	
Oil & Gas	
Metal & Mineral	
Other	

17. Revenue Breakdown: (Must total 100%)

Category	Percentage of Total Revenue
Title Agent	
Escrow Agent/Closer	
Abstracter/Searcher	
Other	

18. What is the average property value for each transaction? (Title Agents and Escrow Closers only) \$ _____

19. What is the estimated population of the area in which work is performed? _____

20. List the top two Title Insurance Companies you represent and the percentage of the Applicant's total revenue.

Title Insurance Company	Percentage of Applicant's Total Revenue
	%
	%

21. a. Does Applicant use independent contractors or leased workers? Yes No

b. If Yes to 22.a., indicate the percentage of your business performed by independent contractors and/or leased workers in the following functions. **If not applicable, please indicate "None."**

- (i) Abstracters/Searchers _____ %
- (ii) Title Agents _____ %
- (iii) Escrow Closers _____ %
- (iv) Other (describe): _____ %

22. a. Do you require independent contractors and/or leased workers to carry E&O? Yes No

b. If Yes, please provide proof of coverage (declarations page or certificate of insurance).

23. Is the Applicant affiliated with any organization through common ownership, operation or control including any controlled business arrangement? (i.e., law firm, real estate agency, lender, etc.) Yes No
24. Has the name or structure of the Applicant ever changed, or has there been an acquisition, consolidation, merger, dissolution, reconstitution or any other change? Yes No

IMPORTANT: If Yes to either of the above two questions, please provide details on a separate sheet.

Failure to disclose ownership, name changes, or D/B/A's could affect coverage in the event of a claim.

ESCROWS/CLOSINGS/SETTLEMENTS	If not applicable, skip to question # 37
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Complete the following only if escrows/closings/settlements are conducted. N/A

Does the Applicant:

25. Require a written contract or instructions for each closing? Yes No
26. Require signatures on any changes to standard instructions? Yes No
27. Require each person's work to be checked by another? Yes No
28. Require "Good Funds" for closing? Yes No
29. Have records audited by an outside auditor? Yes No
30. Have the records audited by the title underwriter? Yes No

31. Who performs your title searches?

(Must total 100%)

Category	Percentage of total business
Applicant Firm	%
Independent Contractor	%
Title Underwriter/Company	%

32. Who performs your closings/escrows?

(Must total 100%)

Category	Percentage of total business
Applicant Firm	%
Independent Contractor	%
Title Underwriter/Company	%

33. When providing closing/escrow services do you:

- a. Have a regular audit conducted by a CPA firm? Yes No
- b. Document and obtain signatures from all parties when making changes or deviation from the original escrow contract? Yes No
- c. Require cashiers checks or "good funds" at or near escrow closing? Yes No
- d. Require physical receipt of funds prior to closing, including written verification of wire transfers? Yes No
- e. Ever allow another party to remit ANY closing proceeds to a lender or any other creditor on its behalf? If yes, provide details _____

34. Does the applicant have written procedures that are required to be followed regarding calendaring, recording escrowing, closing, and internal file closing? Yes No

If no, please explain how the applicant tracks and verifies such activities. _____

35. Does the applicant's finished or finalized file always contain physical evidence of the public's official record of your filings and/or recordings? Yes No

36. Does the applicant always perform a "post-closing" title search to assure that all filings and recordings made by the applicant, relative to a particular property/closing, have been officially recorded and appear on the public record?

Yes No

If no, please advise how the applicant assures their filings and/or recordings become part of the public record.

37. Does the applicant review each and every closing file before it is finalized and/or stored to determine that all necessary documents are present and include evidence of proper recording? Yes No

If no, please explain the applicant's checks and balances to assure that all documents are accounted for and/or have been properly recorded. _____

AUTOMATION

39. Does the Applicant:

- a. Currently have and maintain an in-house proprietary title plant? Not Applicable Yes No
- b. Currently use software for all escrow and closing activities? Not Applicable Yes No
- c. Currently use reconciliation software to balance trust accounts? Not Applicable Yes No

LOSS HISTORY

If Yes to any of the four following questions, please complete the Claims Addendum located on the last page of the Application. Attach additional sheets as necessary.

40. Has the Applicant or any proposed Insured been involved in any civil or criminal action or litigation in the past five (5) years? Yes No

41. Has the Applicant or any proposed Insured been involved in or have knowledge of any inquiry, investigation, complaint or notice from any State or Federal Authority regarding the activities, procedures or practices of the Applicant or any proposed Insured? Yes No

42. During the past five (5) years, has any professional liability claim or suit ever been made against any Applicant or Proposed Insured? If yes, you must complete the attached claims addendum for each claim or suit. Yes No

IT IS AGREED THAT ANY CLAIM MENTIONED IN THE STATEMENT IMMEDIATELY ABOVE IS EXCLUDED FROM COVERAGE.

43. Does the Applicant or any Proposed Insured know of any circumstances, acts, errors or omissions that could result in a professional liability claim against the Applicant? If yes, you must complete the attached claims addendum for each circumstance. Yes No

IT IS AGREED THAT ANY CLAIM ARISING FROM ANY FACT, CIRCUMSTANCE OR SITUATION MENTIONED IN THE STATEMENT IMMEDIATELY ABOVE ARE EXCLUDED FROM COVERAGE.

44. Have any Loss payments been made on behalf of any Insured under any Title Agents Errors & Omissions Insurance Policy or similar insurance or endorsement, in the past five (5) years? Yes No

BY SIGNING THIS APPLICATION ON THE FOLLOWING PAGE THE APPLICANT AGREES THAT AFTER INQUIRY OF ALL PROSPECTIVE INSURED, NO PERSON PROPOSED FOR COVERAGE IS AWARE OF ANY FACT OR CIRCUMSTANCE WHICH REASONABLY MIGHT GIVE RISE TO A FUTURE CLAIM THAT WOULD FALL WITHIN THE SCOPE OF THE PROPOSED COVERAGE.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

The discovery of any fraud, intentional concealment, or misrepresentation of material fact will render this Policy, if issued, void at inception.

Receipt and review of this application does not bind the underwriter to complete the insurance.

It is agreed by the Applicant and us that the particulars and statements made in this application, together with all attachments to this application and any other materials submitted to us (all of which attachments and materials shall be deemed attached to the Policy as if physically attached thereto) shall be the representations of the Applicant and the Insureds. It is further agreed by the Applicant and Insureds that this Policy, if issued, is issued in reliance upon the truth of such representations that are incorporated into and made part of this Policy. After inquiry of all prospective Insureds, the undersigned authorized officer of the Applicant represents that the statements set forth in this application and its attachments and other materials submitted to us are true and correct. Signing of this application does not bind the Applicant or us.

The undersigned further declares that any event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to us and we may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Applicant's Authorized Signature
(of Principal, Partner or President)

Title

Date

NOTE: This application must be signed by a Principal, Partner or President of the Applicant acting as the authorized agent of the person(s) and entity(ies) proposed for this insurance.

FOR PROPERTY/CASUALTY INSURANCE AGENTS OR BROKERS ONLY

Producer Name

Street Address

City

State

Zip Code

Producer Code (if applicable)

Producer License #

FL Register # (if applicable)

Telephone

TitlePac® Advantage

CLAIMS ADDENDUM FOR TITLE AGENTS, ABSTRACTERS AND ESCROW AGENTS ERRORS AND OMISSIONS LIABILITY INSURANCE

INSTRUCTIONS:

This Claims Addendum is to be completed by any Applicant answering "Yes" to any of the application's Loss History questions. Please complete a separate Claims Addendum for each claim or incident. Answer all questions fully.

1. Applicant: _____

2. Describe the Claim, the alleged Wrongful Act and the event that led to the Claim: _____

3. Provide:

a. Name of Claimant(s): _____

b. Name of Defendant(s): _____

c. Date of Alleged Wrongful Act: _____

d. Date of Claim: _____

e. Date reported to Professional Liability insurer: _____

f. Name of Professional Liability insurer: _____

4. a. Present status of Claim (check one): Open Closed

If Closed:

If Open:

(i) Total loss, including deductible \$ _____

(i) Claimant's demand \$ _____

(ii) Legal fees paid \$ _____

(ii) Deductible \$ _____

(iii) Legal fees charged to date \$ _____

5. If Open, details of the current status: _____

6. What loss prevention measures, if applicable, have been taken to prevent a similar Claim from recurring?

IT IS AGREED THAT ANY CLAIM(S) ARISING FROM ANY FACTS, CIRCUMSTANCES OR SITUATIONS MENTIONED ABOVE ARE EXCLUDED FROM COVERAGE.

Please have this Claims Addendum signed and dated by the same individual who signed and dated the application.

Applicant's Authorized Signature
(of Principal, Partner or President)

Title

Date